PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number (Optional)		
FY 2009				021063-000510US		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/731,683				Filed December 8, 2003		
		D DEVICES FOR CARDIAC SUR	GERY			
Art Unit 3735				Examiner Christine D. Hopkins		
This is a request under the provisions of 37 CFR 1.136(a) to extend the per				·		
	cation.	ier the provisions of 37 CFR 1.130	(a) to extend the pe	nod for filling a reply in	the above identified	
The i	requested exten	sion and fee are as follows (check	time period desired	and enter the approp	riate fee below):	
			Fee	Small Entity Fee	1	
	One m	onth (37 CFR 1.17(a)(1))	\$130	\$65	\$ <u>65</u>	
	Two me	onths (37 CFR 1.17(a)(2))	\$490	\$245	\$	
	Three r	months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	
	Four m	onths (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
	Five me	onths (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
\boxtimes	Applicant clair	ns small entity status. See 37 CFI	R 1.27.			
	A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached.					
_						
The Director has already been authorized to charge fees in this application to a Dep				ication to a Denosit A	ecount	
\boxtimes						
Deposit Account Number <u>20-14-30</u> WARNING: Information on this form may become public. Credit card information should not be inclu- Provide credit card information and authorization on PTO-2038.					ided on this form.	
l ai	m the	applicant/inventor.				
		assignee of record of the entire Statement under 37 CFR 3				
	\boxtimes	attorney or agent of record. Re	egistration Number_	42,396		
		attorney or agent under 37 CFI Registration number if acting u			-	
		/Nathan S. Cassell/		October 29, 2008		
	Signature			Date		
		Nathan S. Cassell, Reg. No. 42,396			303-571-4000 Telephone Number	
		Typed or printed name		Telepho	ne Number	
	: Signatures of all the gnature is required,	e inventors or assignees of record of the ent see below.	ire interest or their repres	entative(s) are required. Su	brnit multiple forms if more tha	
\neg	Total of	forms are s	ubmitted			